

STATE OF CALIFORNIA

CALIFORNIA INTEGRATED WASTE MANAGEMENT BOARD

Base Year Modification Request Certification

Part 1: Generation Study - No Extrapolation Diversion Data

To request a substitution for a previously approved base-year used in calculating the diversion rate for your jurisdiction, please complete and sign this form and return it to your Office of Local Assistance (OLA) representative at the address below, along with any additional information requested by OLA staff. When all documentation has been received, your OLA representative will work with you to prepare for your appearance before the Board. If you have any questions about this process, please call (916) 341-6199 to be connected to your OLA representative.

Mail completed documents to:


California Integrated Waste Management Board
Office of Local Assistance
1001 I Street, 9th Floor
PO Box 4025
Sacramento, CA 95812-4025

General Instructions:

Please select the ONE choice below that best explains your request to the Board.

- ☐ 1. Use a recent generation-based study to calculate our current reporting-year generation amount, but not officially change our existing Board-approved base year.
- ☒ 2. Use a recent-generation-based study to officially change our existing Board-approved base year to a new base year.

The shaded cells on these sheets are protected. If you have problems using these sheets, please contact your Office of Local Assistance representative.

Section I: Jurisdiction Information and Certification			
All respondents must complete this section.			
I certify under penalty of perjury that the information in this document is true and correct to the best of my knowledge, and that I am authorized to make this certification on behalf of:			
Jurisdiction Name		County	
City of Big Bear Lake		San Bernardino	
Authorized Signature		Title	
		SR. ADMINISTRATIVE ANALYST	
Type/Print Name of Person Signing		Date	Phone () Include Area Code
Scott Arenella			909-866-6831
Person Completing This Form (please print or type)		Title	
Affiliation:			
Mailing Address		City	State ZIP Code
E-mail address			